

**NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services**

**Certified EMS Agency  
Information Update Form**

Name of Service	DOH Agency ID #:					
DBA or Assumed Name if any						
Physical Location / Address						
Service Mailing Address						
City, State, Zipcode	City:		State:		Zip:	
County						
Business Phone Number						
Fax Phone Number						
Emergency Phone Number	<input type="checkbox"/> Check Box if Called Thru 911					
Chief Operations Officer & Title						
Chief Officer Day Phone						
Chief Officer Home / Night Phone	Cell / Pager #:					
Name of Dispatching Agency	<input type="checkbox"/> Check box if Self Dispatched					
Dispatch Communications	Radio Frequency:	FCC Callsign:				
Number of Certified Providers	CFR:	EMT-D:	EMT-I**:	EMT-CC**:	EMT-P**:	
Number of Response Vehicles	Ambulance:	EASV:	ALS-FR:			
Service Medical Director: Name	NYS License #:					
REMAC Authorized Level of Care	Circle Highest Level *:	EMT	EMT-D	EMT-I	EMT-CC	EMT-P
Email Address of Chief Ops officer						
Number of EMS Calls Annually	# of Calls Dispatched to- Total:		#Calls - Emergency:			
Please print legibly name & title of person Completing this form	Name:		Title:			
Signature and Date of Person Completing This Information Form	Signed:		Date:			

\* NOTE: DEFIB and ALS levels of care require written REMAC approval. Contact your REMSCO for ALS credentialing criteria.  
 \*\* NOTE: ALS Certified personnel may ONLY provide care at BLS level when responding with BLS authorized services.

**REMINDER:** Please submit an update for your agency if your location, mailing address, Chief of Operations or contact information / phone numbers change. – **THANK YOU!** -

Certified Services: Please complete form with your Information and send it to the address to the right. If you have questions about Filling out this form, please contact the DOH Bureau of EMS, Operations Section for Assistance at 518-402-0996 extension 2.

Return Completed Form to:  
**Attn: Agency Update - OPS  
 NYS DOH Bureau of EMS  
 433 River Street Suite 303  
 Troy, New York 12180-2299**

**Do Not Write or Mark in Box Below**

Update Rcd:	Data Entry:	Entry By:	Notes:
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